

DEER PARK FIRST BAPTIST CHURCH
STUDENT EMERGENCY INFORMATION RELEASE FORM
For Church-Sponsored Trips Outside the Greater Houston Area

Please fill out the information requested below and return to staff member in charge of trip a minimum of two weeks before departure. This information will be crucial in case of an accident and/or illness. Copies of this information will be returned to you to be kept with you during the trip. Copies will also be in the possession of the staff member in charge as well as given to Beckie Turk in the Church Office to be kept on church property during the trip.

Please Fill Out ALL Information Requested (PLEASE PRINT CLEARLY)

TRIP INFORMATION:

Name of Event: _____ Staff Member in Charge: _____

Destination City: _____ State: _____ Country: _____

Date Departing: _____ Date Returning: _____

PERSONAL INFORMATION:

Full Name (If passport, **EXACTLY** as it appears): _____

Date of Birth: _____ Age: _____ (NOTE: If under 18, Parent's signature is required)

Address: _____ City: _____ State: _____ Zip: _____

Phone #1: _____ Phone #2: _____

Passport Number: _____ Office Passport Issued _____

EMERGENCY CONTACT INFORMATION:

Contact #1: _____ Relationship: _____

Address: _____ City: _____ State: _____ Zip: _____

Day Phone: _____ Evening Phone: _____

Cell Phone: _____ Pager: _____

Contact #2: _____ Relationship: _____

Address: _____ City: _____ State: _____ Zip: _____

Day Phone: _____ Evening Phone: _____

Cell Phone: _____ Pager: _____

MEDICAL INFORMATION:

Doctor: _____ Phone _____

Address: _____ City: _____ State: _____ Zip: _____

List any unusual medical conditions which you feel might be helpful for a physician to know: _____

Blood Type: _____

Please list all drugs/medicines to which you are allergic:

Please list the prescription drugs and medicines which you are presently taking: (Generic Name, exact strengths, and dosage of each medication needed.)

Please Fill Out ALL Information Requested (PLEASE PRINT CLEARLY)

HEALTH INSURANCE INFORMATION

Insurance Company: _____ Phone: _____

Plan # _____ Policy#: _____

Primary Name on Account: _____ ID#: _____

MINOR PERMISSION TO TREAT STATEMENT (PARENT OR GUARDIAN):

The attending physician and/or hospital has my permission to administer medical care to my minor as they deem necessary in case of an accident or illness.

Signature: _____ Date: _____

STATE OF TEXAS

COUNTY OF HARRIS

IN WITNESS WHEREOF, the said Participant has hereunto set hand seal this ____ day of _____, 20____.

Notary Public

